

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|---------|
| FEE DETERMINATION | PS | 6-1694 | 11/27 |
| O.I.P.E. CLASSIFIER | | | 6/15 |
| FORMALITY REVIEW | SL | 1250 | 8-20-14 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|----------|
| 1 | 1 | 1 | 11/16/14 |
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| 4 | 4 | 4 | 11/16/14 |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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